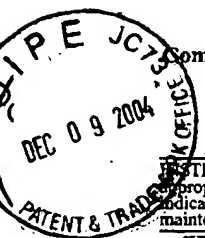


PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
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7590

09/14/2004

VERTEX PHARMACEUTICALS INCORPORATED
 130 Waverly Street
 Cambridge, MA 02130-4646

12/10/2004 HBERHE1 00000052 500725 10039898

01 FC:1501 1400.00 DA
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Karen DiRocco

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/039,898	01/03/2002	David Lauffer	VPI/98-19 US	8724

TITLE OF INVENTION: CYCLIZED AMINO ACID DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$4330 \$1400	\$300	\$4630 \$1700	12/14/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BALASUBRAMANIAN, VENKATARAMAN	1624	514-252130

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Nandakumar Govindaswamy

Vertex Pharmaceuticals

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Vertex Pharmaceuticals Incorporated

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts 02139

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Nandakumar Govindaswamy

Date

Typed or printed name

Nandakumar Govindaswamy

Registration No. **Ltd. Recognition**

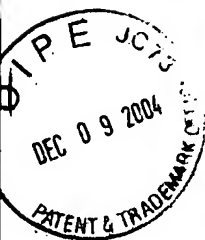
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FAX

To	GAU: 1624
	Examiner: Venkataraman
	Balasubramanian
Company	USPTO
FAX	(703) 746-4000
From	Nandakumar Govindaswamy
Date	December 9, 2004
Subject	Application No. 10/039,898
	Attorney Docket No. VPI/98-19 US
	Confirmation No.: 8724
Pages to Follow	4

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 746-4000 on this 9th day of December 2004.


Karen DiRocco

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